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1   Introduction

1.1   Rule Overview

Under the Final Rule released by CMS on July 15, 2013 **(42 CFR Parts 431, 435, 436, 438, 440, 447, and 457)**, hospitals may choose to offer "presumptive eligibility" (PE) to patients who appear to be eligible for Medicaid. The Final Rule implements provisions of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act). Under the Final Rule, states are required to make available a hospital-based presumptive eligibility (HBPE) program. Although the availability of the program is mandatory, hospital participation is optional. Hospitals that choose to enroll in their state's program make hospital-based presumptive eligibility determinations on patients who do not have another form of health coverage. If the individual is found presumptively eligible, the patient would be temporarily covered by Medicaid

1.2   Impact on Hospitals

Presumptive Eligibility was designed to identify and provide coverage for individuals who are likely eligible for Medicaid but are not currently enrolled. If a hospital elects to participate in the HBPE program, they are required to adhere to the BMS policies and procedures that govern the program. Services provided by the hospital during the HBPE period may be billed to West Virginia Medicaid if the individual is determined to be presumptively eligible. West Virginia hospitals that are participating Medicaid providers under the State Plan that opt in to the HBPE program will be required to designate the employees who will make the HBPE determinations and assist eligible individuals with the full Medicaid Application.

1.3   Hospital Employee Role Overview

You have been selected by your employer to be trained in to make HBPE determinations. To be considered an Authorized Hospital Employee (AHE), you must participate in the training and pass the certification test. You must either assist the Presumptively Eligible (PE) patient in submitting their full Medicaid application immediately after their PE determination or assist the patient at a later time. You can manually transfer all necessary patient intake information that the hospital gathered in the registration process into the PE patient's HBPE questionnaire. Once the patient's information is entered, you should ask the patient the determination questions and repeat the answers they gave back to them to confirm that the information entered is correct.

2   Privacy and Security

All patient information gathered for PE determination and full Medicaid application must be kept confidential by the AHE and any other hospital employee who may access to the information. This includes not providing information to their employer, unless he/she has written permission from the Bureau for Medical Services to access this information. AHEs must:

1. Treat all available data as confidential information.

2. Keep passwords secured and confidential, i.e., passwords cannot be shared with co-workers or other individuals.

3. Access the online computer system using his/her own ID and password.

4. Not access or request any information that is not necessary for making PE determinations or submitting the full Medicaid application.

5. Not leave WV inROADS open unless it is secured to the extent that no one else will be able to access, use, or view the data.

6. Not disclose confidential information even after the termination of employment or the business relationship, unless specifically waived in writing by the Bureau.

3   Process for Making a Presumptive Eligibility Determination

3.1   When to use Hospital-Based Presumptive Eligibility

- Individuals who do not have any health care coverage

- Individuals who are West Virginia residents

- Individuals who are:

    o   Children under Age 19

    o   Pregnant Women

    o   Adults between ages 19 and 64

    o   Former West Virginia Foster Care Children under age 26

    o   Certain Individuals Needing Treatment for Breast or Cervical Cancer

    o   Incarcerated Individuals With Hospital Stays Exceeding 24 Hours

Incarcerated Individuals will be easily identifiable by the Corrections Officer that the patient will be accompanied by. Once an incarcerated individual has stayed in the hospital for 24 hours or more, the AHE will assist them in applying for HBPE just like any other patient, making a note in the comments field of the application that the applicant was an incarcerated individual. The AHE will <u>not</u> be required to complete a Medicaid application for these individuals. The prison will complete that portion of the process.

You will use an account in the WV inROADS system to complete the HBPE questionnaire. Upon completion of the HBPE application, you will be able to review the responses to each question and make the determination for the patient. If the patient is PE, you will print out the temporary medical card which will act as a notice to the patient that they are now temporarily covered by WV Medicaid. If the patient is determined ineligible for PE, you will print the determination notifications, select the appropriate reason, and give that document to the patient as a notice of ineligibility for PE. WV inROADS will then provide you with the option to continue on to the full Medicaid application. It is highly recommended that you work with the patient to submit the full application immediately after the PE determination rather than trying to follow up with the patient at a later time. The State will be tracking the completion percentage of full applications by PE patients.

However, if the patient or authorized representative is unable or unwilling to complete the full Medicaid application at that time, you will tell the patient or AR of the different options they have to complete the Medicaid application including:

- Follow up with AHE at the hospital at a later date or time.

- Follow up with the AHE over the phone. **Note: if the patient indicates that they would like to complete their application via the telephone, you must have them call 1-877-716-1212. Explain that they must call this number because they will be required to give a recorded, telephonic signature.**
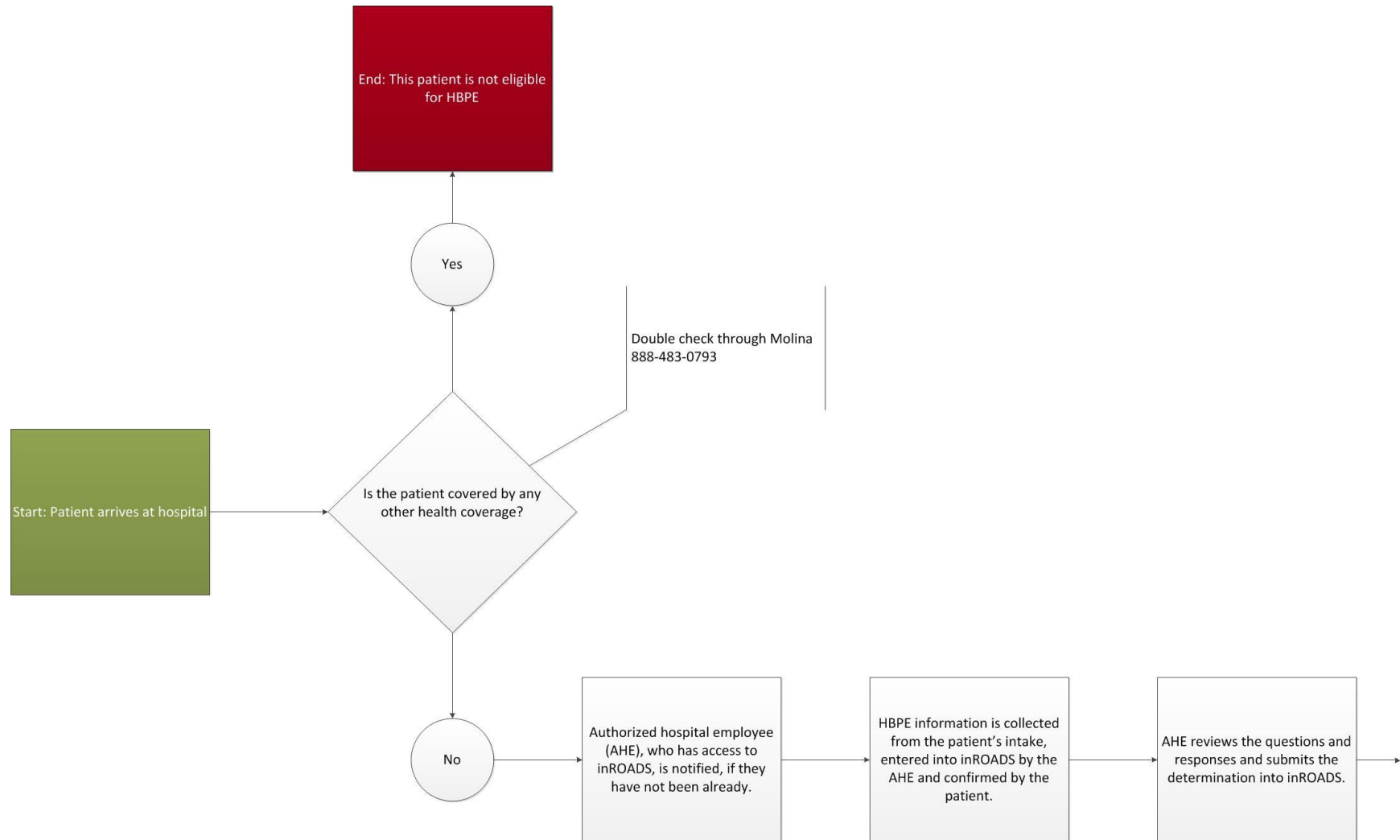
- Go through WV inROADS at www.wvinroads.org.

- Offer to print out Medicaid application for the patient to take home. They can drop it off at the hospital at a later date for the AHE to enter into WV inROADS or take it to their local DHHR office.
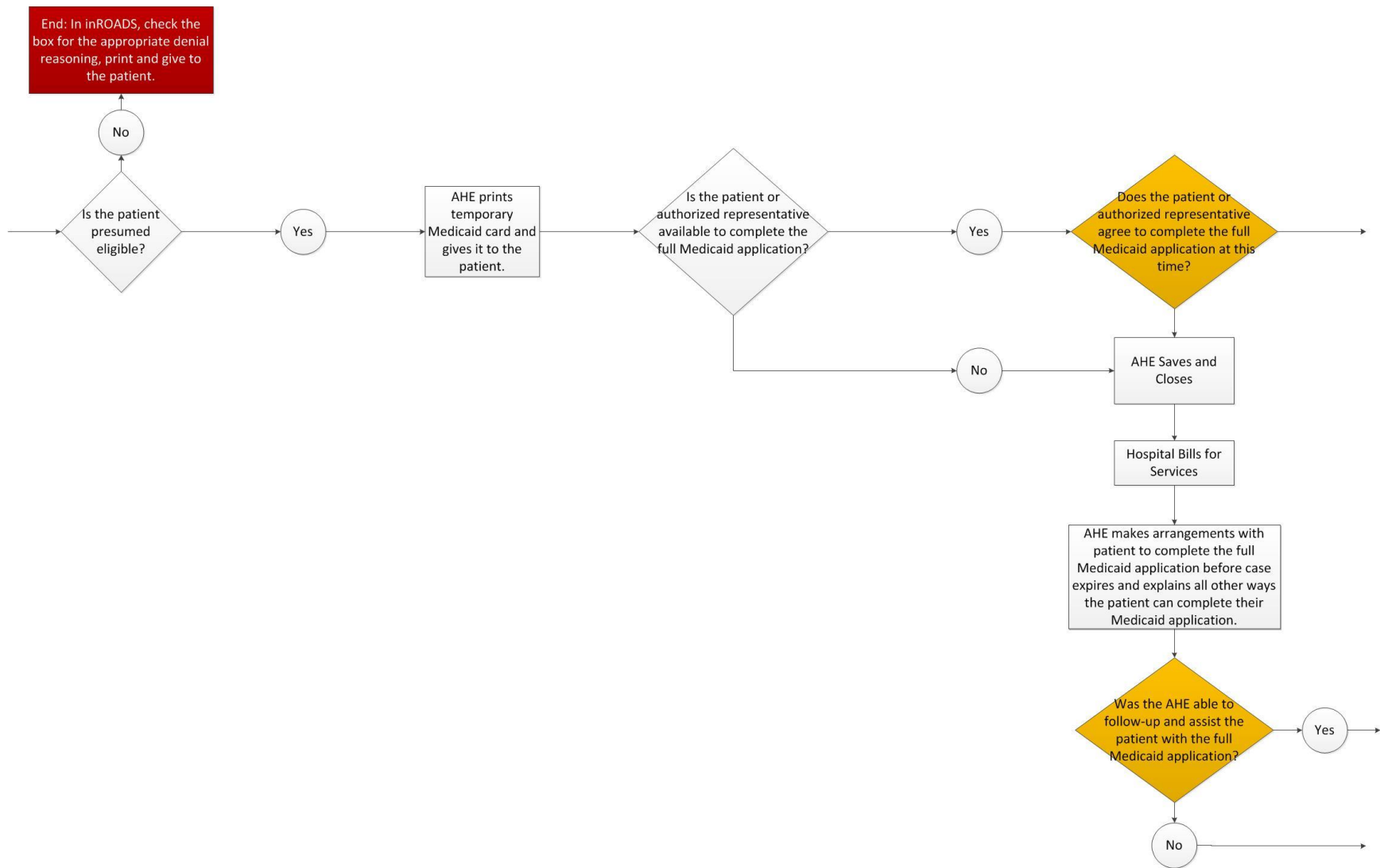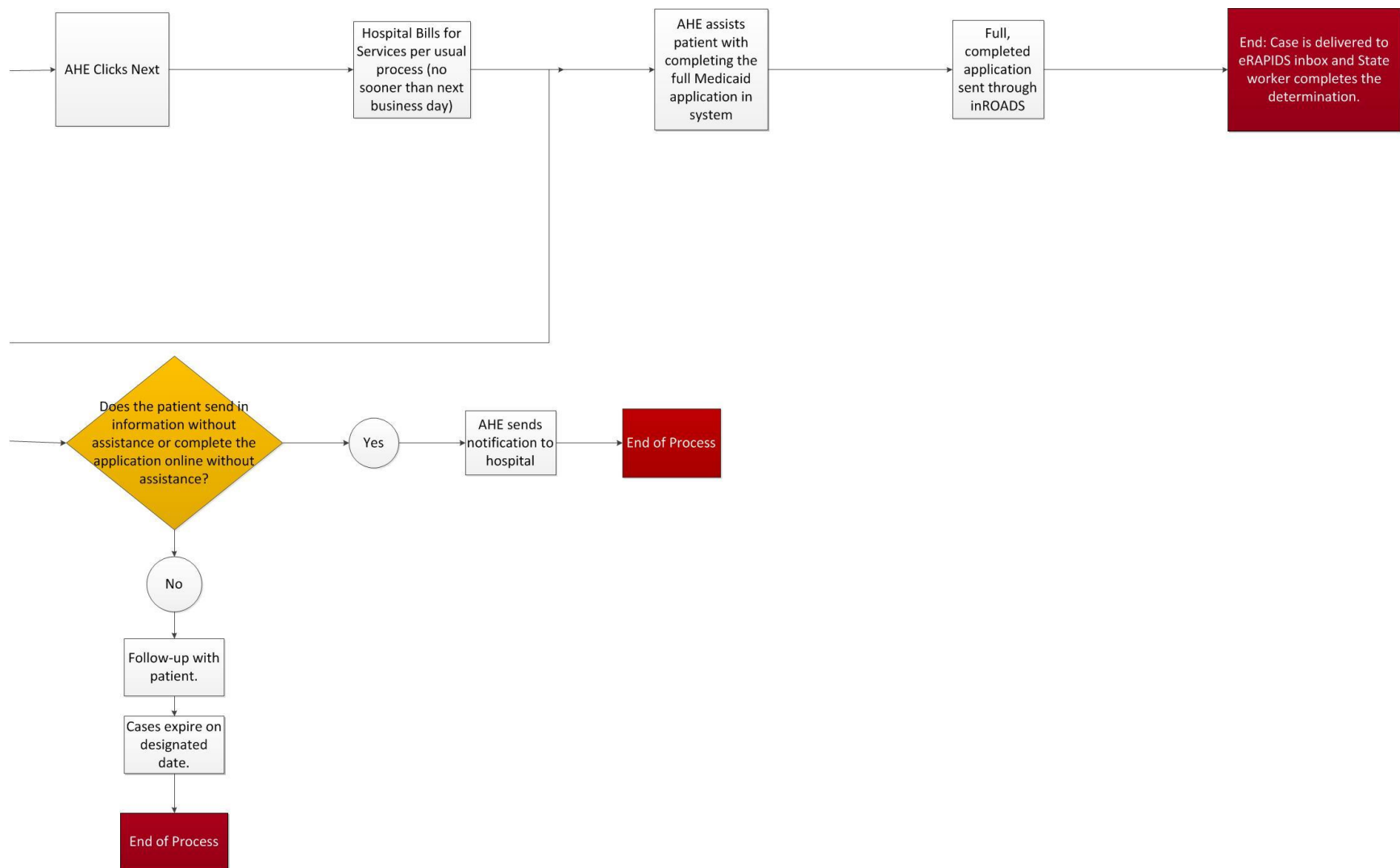
- With a Community Partner.

3.2   Desktop Manual

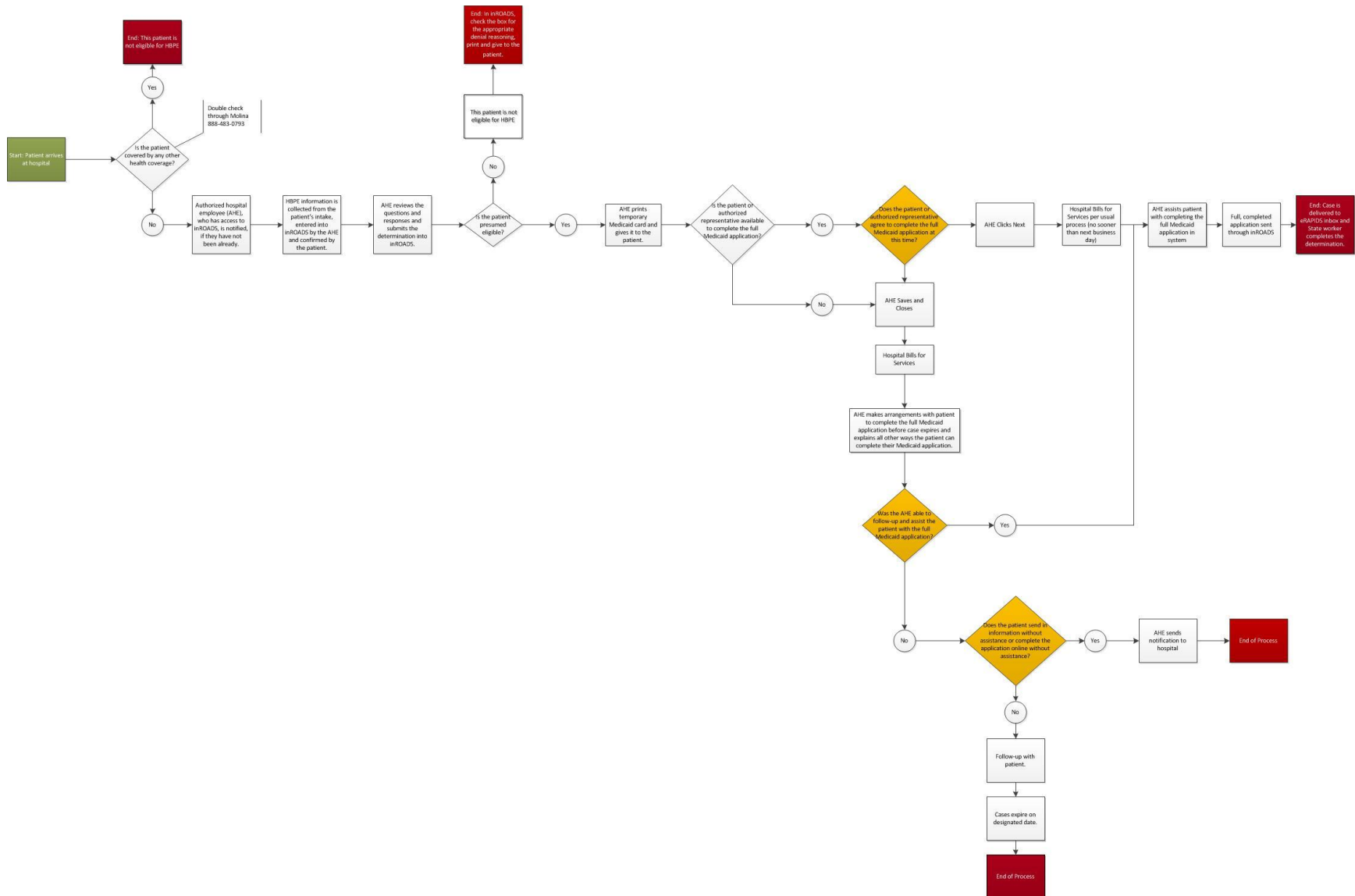The Desktop Manual will be available for the hospital administrator and AHE to review at any time. For detailed step-by-step documentation, please download the desktop manual at http://www.dhhr.wv.gov/bms.

3.3 Steps for Making a Determination

The steps for making a determination are as follows:

End: This patient is not eligible for HBPE

Yes

Double check through Molina
888-483-0793

Start: Patient arrives at hospital

Is the patient covered by any other health coverage?

No

Authorized hospital employee (AHE), who has access to inROADS, is notified, if they have not been already.

HBPE information is collected from the patient's intake, entered into inROADS by the AHE and confirmed by the patient.

AHE reviews the questions and responses and submits the determination into inROADS.

End: In inROADS, check the box for the appropriate denial reasoning, print and give to the patient.

No

Is the patient presumed eligible?

Yes

AHE prints temporary Medicaid card and gives it to the patient.

Is the patient or authorized representative available to complete the full Medicaid application?

Yes

Does the patient or authorized representative agree to complete the full Medicaid application at this time?

No

AHE Saves and Closes

Hospital Bills for Services

AHE makes arrangements with patient to complete the full Medicaid application before case expires and explains all other ways the patient can complete their Medicaid application.

Was the AHE able to follow-up and assist the patient with the full Medicaid application?

Yes

No

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┌─────────────┐      ┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│             │      │ Hospital Bills   │      │ AHE assists      │      │     Full,        │      │ End: Case is     │
│ AHE Clicks  │─────▶│ for Services per │─────▶│ patient with     │─────▶│   completed      │─────▶│ delivered to     │
│ Next        │      │ usual process    │      │ completing the   │      │  application     │      │ eRAPIDS inbox    │
│             │      │ (no sooner than  │      │ full Medicaid    │      │  sent through    │      │ and State worker │
│             │      │ next business    │      │ application in   │      │    inROADS       │      │ completes the    │
│             │      │ day)             │      │ system           │      │                  │      │ determination.   │
└─────────────┘      └─────────────────┘      └─────────────────┘      └─────────────────┘      └─────────────────┘
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           ◆ Does the patient send in
          ◆◆◆ information without                  ┌──────┐      ┌─────────────────┐      ┌─────────────────┐
         ◆◆◆◆◆ assistance or complete  ───────────▶│ Yes  │─────▶│ AHE sends        │─────▶│  End of Process  │
          ◆◆◆ the application online               └──────┘      │ notification to  │      └─────────────────┘
           ◆ without assistance?                                 │ hospital         │
              │                                                  └─────────────────┘
              ▼
          ┌──────┐
          │  No  │
          └──────┘
              │
              ▼
     ┌─────────────────┐
     │ Follow-up with  │
     │ patient.        │
     └─────────────────┘
              │
              ▼
     ┌─────────────────┐
     │ Cases expire on │
     │ designated      │
     │ date.           │
     └─────────────────┘
              │
              ▼
     ┌─────────────────┐
     │  End of Process  │
     └─────────────────┘
```

Start: Patient arrives at hospital

Is the patient covered by any other health coverage?
- Yes → Double check through Molina 888-483-0793 → End: This patient is not eligible for HBPE
- No → Authorized hospital employee (AHE), who has access to inROADS, is notified, if they have not been already.

HBPE information is collected from the patient's intake, entered into inROADS by the AHE and confirmed by the patient.

AHE reviews the questions and responses and submits the determination into inROADS.

Is the patient presumed eligible?
- No → This patient is not eligible for HBPE → End: In inROADS, check the box for the appropriate denial reasoning, print and give to the patient.
- Yes → AHE prints temporary Medicaid card and gives it to the patient.

Is the patient or authorized representative available to complete the full Medicaid application?
- No → AHE Saves and Closes
- Yes → Does the patient or authorized representative agree to complete the full Medicaid application at this time?

AHE Saves and Closes → Hospital Bills for Services

AHE makes arrangements with patient to complete the full Medicaid application before case expires and explains all other ways the patient can complete their Medicaid application.

Was the AHE able to follow-up and assist the patient with the full Medicaid application?
- Yes → (to AHE assists patient...)
- No → Does the patient send in information without assistance or complete the application online without assistance?

Does the patient or authorized representative agree to complete the full Medicaid application at this time?
- Yes → AHE Clicks Next → Hospital Bills for Services per usual process (no sooner than next business day) → AHE assists patient with completing the full Medicaid application in system → Full, completed application sent through inROADS → End: Case is delivered to eRAPIDS inbox and State worker completes the determination.

Does the patient send in information without assistance or complete the application online without assistance?
- Yes → AHE sends notification to hospital → End of Process
- No → Follow-up with patient. → Cases expire on designated date. → End of Process

3.3.1 WV inRoads Process

1. Now that we've gone through the step by step process of making a PE determination, we will walk through the same process inside the system of WV inROADS so all the screens will seem familiar when you perform your first determination.

   This screen is the first screen you will work with at www.wvinroads.org. To enter the HBPE portal, you will select the icon of two hands shaking that reads "Partners/Providers."

2. Next, you will sign in with your User ID and Password that you will set up with your system administrator. Each hospital will have their own system administrator that will manage the user IDs and portal access. If you forget your password, select "Forgot your password" and follow the steps to retrieve it.
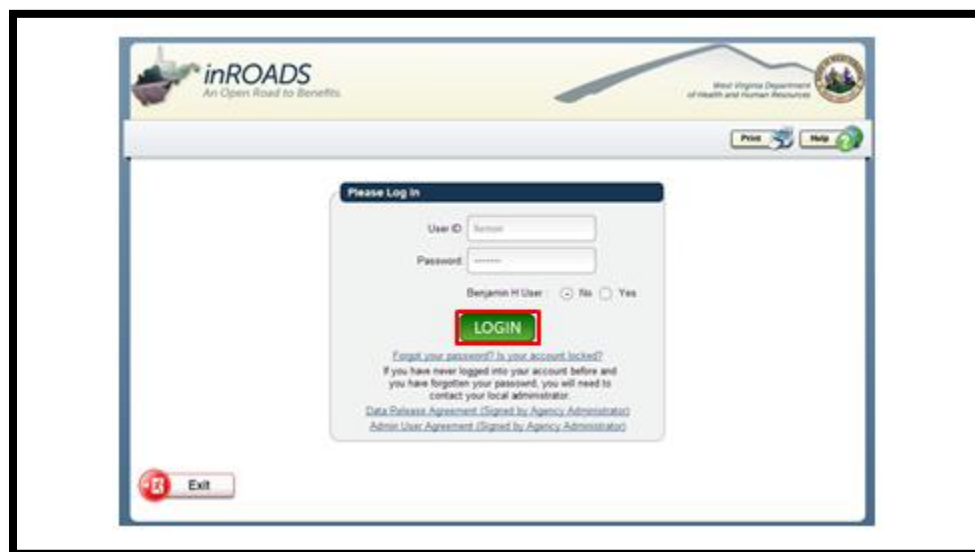
3. Once you have logged on for the first time, you can review the HBPE User Agreement in the system. Once you agree to all the terms and conditions, you can enter your information and select "continue" in the bottom right hand corner. This is a one-time process. You will not be required to sign the User Agreement each time you log in.

4. This is your dashboard, which we will discuss in greater detail in a few minutes. But the button that will begin the PE determination process is in the top right hand corner, "Start a Presumptive Eligibility Application".

5. This is the first page of the HBPE questionnaire. The required fields are indicated by the red font reading "required" in parentheses. Even though some of these fields are required and some are not, you should ask the patient for all of the fields. Just understand that if the field is not required and the patient or the person with reasonable knowledge regarding the patient's status refuses or cannot answer, you can leave that field blank and move to the next field in the questionnaire. Additionally, remember that all answers are based on patient attestation and you cannot ask to verify the information. Whatever answer the patient gives is what you should be entering into the questionnaire. If you already have this information from the hospital admission process you may enter the information and simply verify the fields are correct with the patient. Once this page is complete, select "next".

6. On this page you will continue to gather information such as the patient's residency and contact information. When complete, select next.

7. This is the last page of questions for the HBPE determination. Here you will ask whether the patient is a pregnant woman, a former West Virginia foster care member, a breast or cervical cancer patient, or a parent/caretaker over the age of 65. If the system has registered that the patient could not be a member of one of these groups the accompanying question will not appear in that patient's questionnaire. For example, if the patient is male, the pregnancy question will not appear when you are determining his presumptive eligibility.

Please note that if the patient indicates that yes, they were in West Virginia foster care at age 18 or older, you must confirm that the patient is also under 26 years of age at the time of their determination for them to be presumptively eligible.

For the breast and cervical cancer question, if the patient indicates yes, you may use the links on your AHE dashboard to point that patient to a screening facility that is convenient for them. The patient is not required to go to the screening facility to be presumptively eligible. However, you should inform them of where they can go to be screened if they choose.

8. This is the review screen. Here you will be able to see a check mark for yes, this patient attested to being a part of one of these groups or the red no entry icon to indicate that they answered their questions in such a way that the system read that they were not a member of the group. However, you should not rely solely on these icons. As we discussed on the previous screen, it is up to you to think through the patient's answers and make a decision on eligibility. A good example of where the icon would not match would be if the patient was 40 years old and was a West Virginia foster care member over 18 years old. They would select yes to the foster care question on the previous screen, but they are not under 26 years of age and therefore that patient is not a member of the former West Virginia foster care MAGI group. Another example would be if based on your experience with a patient, you deduce that he/she has been determined PE in the last 12 months or that they are currently covered by insurance even if they say they have not.

On this screen, you will review what the patient has told you and make your PE determination based on the patient's attestations. Keep in mind that the State will be measuring how accurate the PE determinations are by reporting on the percent of patients who were found presumptively eligible AND Medicaid Eligible. Therefore, it is important for the AHE to review the information and use their best judgment to make a determination rather than relying completely on the WV inROADS results page.

Once you choose "yes, this person is eligible for Presumptive Eligibility" or "No, this person is not eligible for Presumptive Eligibility," click "Submit Determination" to move on to the next step.

9. If you have determined the patient to be PE, the Print Information section will appear on the screen. Press the Print PDF button to print the patient's temporary medical card.

Print temporary medical card

10. This is what the Temporary Medical Card will look like. The patient will be able to take this card to the pharmacy to pick up their prescriptions the same day as their PE determination. They should also bring this card with them to any healthcare visit they have during the eligibility period. You should note that instead of an end-date, there is an "up-to" field. This is because the patient's presumptive eligibility period can end <u>at the latest</u> on the last day of the following month from when their determination was made. However, if the patient applies for Medicaid, their presumptive eligibility ends on the date of their Medicaid determination. If they are determined eligible for Medicaid, their coverage will be replaced with full Medicaid coverage and if they are determined ineligible, their presumptive eligibility coverage will end on that date and the patient will no longer be covered.

Also included on the page that includes the Temporary Medical Card will be the following language for the patient notifying them that they now have temporary health coverage:

> Use this temporary Medicaid card as verification of coverage.

> Based on the information provided, you have been determined presumptively eligible for Medicaid, however to ensure your coverage continues after the date on the card above you need to complete and submit a completed Medicaid application. If you do not complete a full Medicaid application by the expiration date your coverage will end. The person who helped you be determined presumptively eligible may assist you in completing the full application.

> If you or other members of your household are interested healthcare coverage or you are interested in applying for eligibility for other programs (including full Medicaid eligibility), please go to https://www.wvinroads.org or call 877-716-1212.

> Please note: patients do not have the right to an appeal for presumptive eligibility determinations.

After you print out this card, you will give it to the patient and ask if the patient or an authorized representative of the patient is able to complete the full Medicaid application at this time.

11. After printing out this card, the AHE will give it to the patient. At this time it is important to explain that although the patient has been determined eligible, there can be a 2-3 day delay at pharmacies because it does take some time to log their eligibility into the system. So while the patient can receive immediate healthcare services at the hospital, they may be asked to wait a couple of days for their prescription by their pharmacist.

The "full application" button will appear at the bottom of the screen and you can continue to the full application if the patient or their authorized representative is available and willing to proceed.

However, if the patient or their authorized representative is unable or unwilling to complete the full Medicaid application at this time, you can save and exit to return to your dashboard. It is at this time that you would try to schedule a follow up appointment with the patient and explain the various ways that they can complete their Medicaid application on their own. Let's go through those one more time.

The ways that a patient can complete their full Medicaid application are:

- Following up with AHE at the hospital in person at a later date or time.

- Offering to print out Medicaid application for the patient to take home and fill out, they can drop it off at the hospital for the AHE to enter into WV inROADS for them or take it to their local DHHR office.

- Following up with the AHE over the phone. **Note: if the patient indicates that they would like to complete their application via the telephone, you must have them call 1-877-716-1212. Explain that they must call this number because they will be required to give a recorded, telephonic signature.**

- Going through WV inROADS at www.wvinroads.org.

- With a Community Partner (you can use the AHE dashboard to point them to a Community Partner near them and we will point this out in a few minutes).

So we have now seen how to proceed to the full application if the patient is determined presumptively eligible. Now we will look at what happens if we determine the patient ineligible or if the system recognizes the patient from a previous PE determination.

12. If the patient gives you their social security number and they have been approved for presumptive eligibility in the last 12 months under the same social security number, the system will alert you with a warning but you need to evaluate the situation.

Remember that each person is only supposed to be determined presumptively eligible once every 12 months unless:

- The patient is currently pregnant OR
- The patient was pregnant during their previous eligibility determination.

If you have a female patient that gets this error, you will know from the questionnaire if the patient is currently pregnant. If they are, you can determine her eligible and disregard the error. If they are not (if they answered no to the pregnancy question on the previous page), it is up to you to ask the patient if she was pregnant for her last presumptive eligibility determination. If she attests that she was indeed pregnant for her last determination, you can disregard the error and determine her eligible. However, if she attests that she was not, you can make the decision to determine her ineligible since she has already had her one presumptive eligibility determination in the past 12 months.

Similarly, if you see this warning and the patient is male, it is safe to say that you will need to select the "No, this person is not eligible for Presumptive Eligibility" option and follow the steps on the next slide.

Error: This person has previously passed PE

13. If you determine that the patient is not eligible, select your denial reasoning and submit your determination. Now you must press the "print PDF" button for the ineligibility determination notifications. Note that if you have determined someone ineligible for PE for any reason not included as a check box you need to enter a reason in the text box next to "Other Administrative Reason".

Once the notification has printed, give the copy to the patient.

The denial reasons you can choose from are:

❑ Your income exceeds the applicable income standard

❑ You have had a PE period previously in the past 12 months

❑ You are not a member of one of the following groups:

• Children under Age 19

• Pregnant Women

• Individuals under 133% FPL Ages 19-64

• Former West Virginia Foster Care Children under 26

• Certain Individuals Needing Treatment for Breast or Cervical Cancer

• You are not a United States citizen

• You are not a West Virginia resident

OR you can select "Administrative Reason." This option is for situations where you cannot say that you are determining the patient ineligible for any of the other reasons listed but the patient is ineligible because of a different reason. One example of this might be that you recognize this patient from a previous PE determination and realize that the patient is now attesting to different information in order to gain another PE determination. This option should be the least used of any in this list and the State will be monitoring the use of this option. But you do have it for these types of outlier situations.

Print for ineligibility determination notifications

3.4   Example Scenario

3.4.1   Example Scenario I

The patient is incapacitated and there is no authorized representative present.

If a patient is incapacitated but is accompanied by someone who has reasonable knowledge of the patient's status, that person can answer the questions needed to make a HBPE determination and the patient can still receive a HBPE determination. However, to complete the full Medicaid application, either the patient or an authorized representative must be available to answer the more detailed questions on the full application. If neither the patient nor an authorized representative is available, the AHE must save the case and schedule a follow-up with the patient (if possible) to complete the full Medicaid application.

3.4.2 Example Scenario II

The patient or authorized representative is unable to complete the full Medicaid application in real time and does not respond to AHE's follow-up.

If the patient has been determined eligible for HBPE but is unable or unwilling to complete the full Medicaid application in real time, it is the AHE's responsibility to set up a time to follow up with that patient. Should the AHE be unsuccessful in connecting with the patient at the designated follow up time and discover the patient was able to complete the full Medicaid application on their own, the AHE can send a notification to the hospital and the process is ended. However, if the patient has not completed the full Medicaid application on their own, the AHE must again follow up with the patient in an attempt to assist them in filling out the application, noting that the case will expire on the designated date.

3.4.2   Example Scenario III

The patient completes their PE determination at Hospital A but is transferred to Hospital B for further treatment. Who is responsible for completing the full Medicaid application?

In this case, Hospital A should include the patient's temporary card in the paperwork transfer to Hospital B. Additionally, Hospital A should communicate to Hospital B that the patient will need to complete their full application. Following up with the patient is Hospital A's responsibility. The responsibility of the PE patient does not leave the hospital when the patient leaves. Should Hospital B complete the full Medicaid application with the patient, it would be credited to Hospital A.

3.5 AHE Dashboard and System Administrator Functionality

1. We are now going to walk through some of the other functionality available to you in WV inROADS. This is your dashboard. When you log into the HBPE portal, this is the first page you will see and from here you can navigate to make a determination in the top right hand corner like we did earlier. However, there are a variety of other activities that you will be responsible for that are accessed from this page.

   First, please note that if your hospital is also a community partner, you will be able to tap back and forth between the two portals from this screen for ease of use. If your hospital is not a community partner, you will not see the second tab at the top of this page.

   Two examples of responsibilities accessible from this page that we have already discussed are both housed in the same place under the Learn More About heading. In this location, you will find a variety of helpful links such as the link to help breast or cervical patients find convenient screening centers and the link that will help PE patients find conveniently located community partners . You will find other useful links there as well to places like the desktop manual.

   In the third example scenario, we learned that an AHE at a different hospital can complete a full Medicaid application for a patient from your hospital (or vice versa). It is from this page that you can search for patients. You can search for patients that were helped by other AHEs at your own hospital or for patients that were helped by AHEs at other hospitals. On the top of the page, you can see that there are a variety of search fields. You can use any of these fields to search for a patient. However, the most accurate will always be the patient's social security number.

   Remember that if you search by SSN, the patients file will only appear as a result if they gave their SSN during their PE determination as well.

2. After searching for a patient, you will see one or more applications appear on this page. If you search by the patient's SSN and the patient gave their SSN when they were first working in this portal with an AHE, there will only be one result. But if you search using other fields, there may be more than one and you will have to use the process of elimination with the patient to deduce which application is theirs.

   Note that you can also search for a patient in this manner if they need to re-print their temporary Medicaid card.
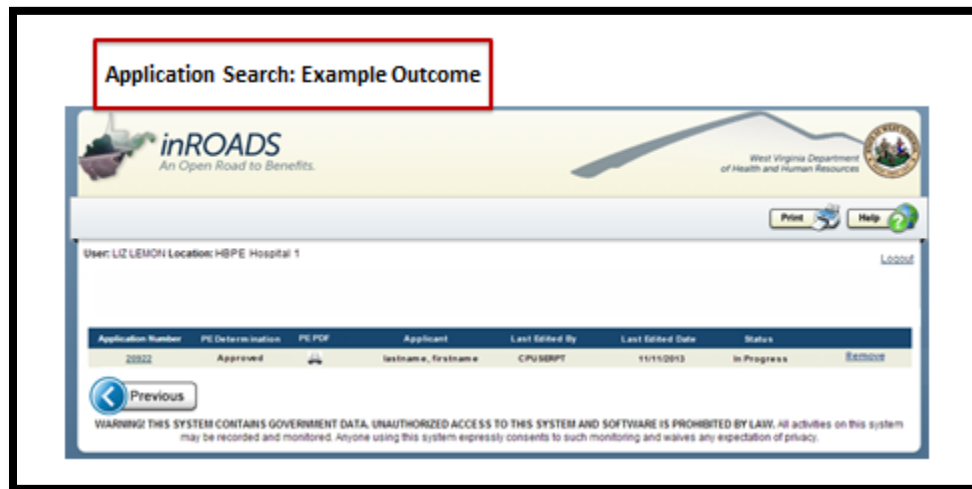
3. From your dashboard, you can also see how many applications are set to expire. The top box indicates patients who have been determined presumptively eligible who are set to expire in the next five days. The second (lower) box is the total number of applications from your entire hospital that are set to expire in the next five days. This alert is how you will know to follow up with the patient again to make them aware that their case is going to expire in the next five days. This is also your last chance to get them to apply for full Medicaid and increase your percentage of PE patients who apply for Medicaid.
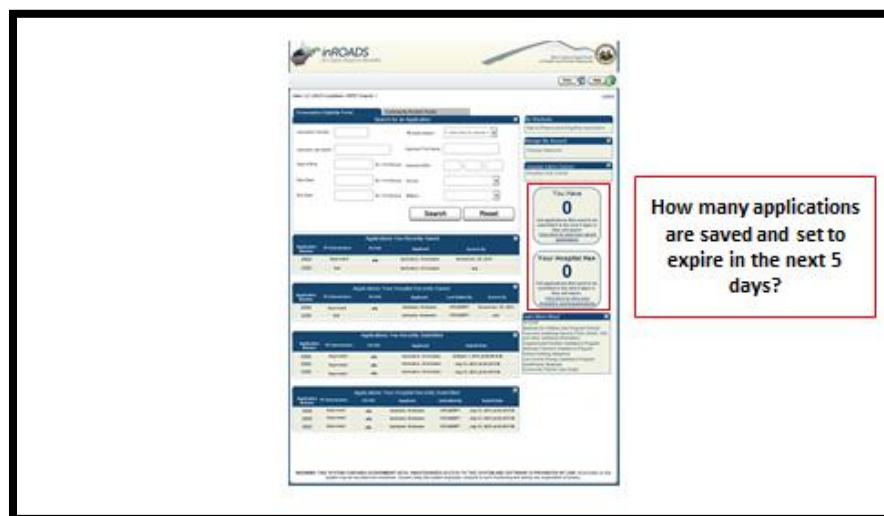
4. When you click on the icons from the previous page, you will be taken to this page that lists all the applications that are set to expire. Note that the applications marked with an asterisk and in red will expire in the next five days.
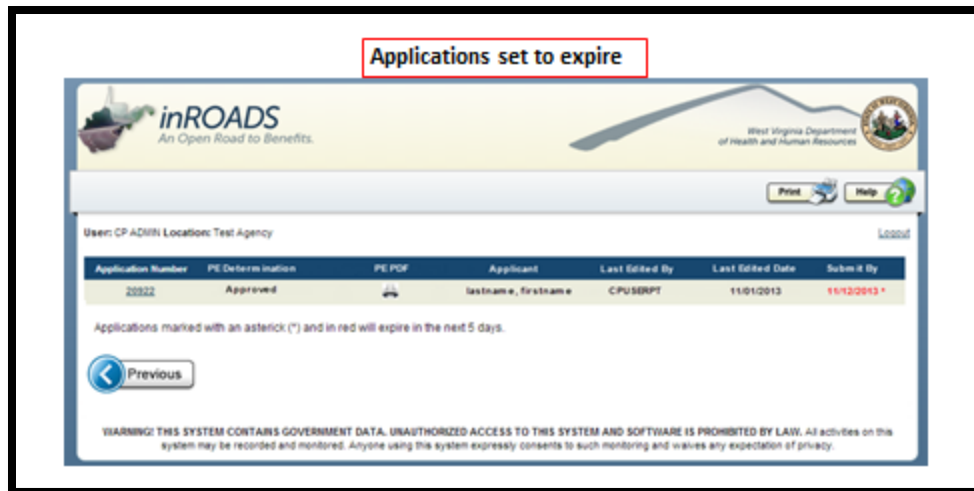
5. It is also on your dashboard that you can get a birds-eye view of PE applications that have been saved and submitted both by you and by all other AHEs at your hospital. This birds-eye view will show the 10 most recent applications for both you and your hospital.

6. Additionally, the hospital user administrator will be able to manage AHEs HBPE portal access from here.

    The HBPE administrator at your hospital's role will be to create and manage all AHEs User IDs and portal access for their hospital. Every hospital will have one administrator. If an AHE leaves their job for any reason, it is the administrator's job to make sure that the User ID for that employee is deactivated. It is also the administrator's job to create new User IDs and portal access for new AHEs at their hospital.

    By clicking the Hospital User Admin link on the right side of the screen, the administrator can access the page needed to create and deactivate User IDs.

7. To add a new User ID, the administrator will click "add."
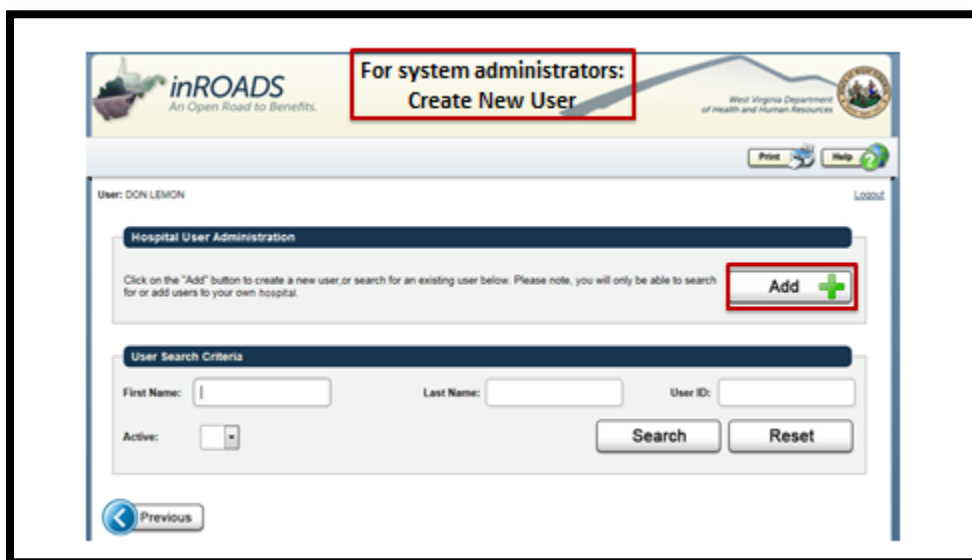
8. Now the administrator can enter in all the necessary information for the new AHE, including which portals they will need access to. Again, if your hospital is not already a community partner, the system administrator will not have the option to give AHEs access to both portals.

9. After all the information for the AHE is added, the administrator will see the notice at the top of the screen that reads "User was created successfully." You will also note that the administrator will be able to manage the access of AHEs under "User Search Results" towards the bottom of the screen.

10. Lastly, there is another type of warning message that may appear on this screen that reads, "Unable to submit Presumptive Eligibility determination at this time. Please try again later. Note: The system is down for regularly scheduled maintenance from 5:30-6:30 am Monday-Saturday and 5:30-10 am on Sunday."

Thus, the system does have scheduled maintenance when the backend will be down and you will not be able to submit a PE determination. When this happens, just save the application and make a note to submit it at a later time outside of these errors. In the case that you see this message outside of the listed hours, that means that the backend is experiencing technical difficulties. However, your process is the same regardless of when you see this message: save the application and submit it at a later time.

4 Full Medicaid Application Process

1. We are now going to walk through the Full Medicaid application that can be accessed in WV inROADS straight from the page where you determine a patient's eligibility. Please note, however, that the button that will bring you to this page to begin the Medicaid application will only appear if the patient is determined PE. Additionally, WV inROADS will only show the pages that are relevant to the patient situation. This means that certain pages of this slide deck will not appear in every instance.

   It is very important to note that you are <u>not</u> required to assist patients in completing any other applications except for the full Medicaid application. If the patient asks about applying to other programs, you are encouraged to point them to their local DHHR office or to WV inROADS at www.wvinroads.org.

   - AHEs are not required to assist patients in completing any other applications except for the Medicaid Stream-Lined Application.
   - If patients ask AHEs about applying to other programs, the AHEs may point the patients to their local DHHR office or WV inROADS (https://www.wvinroads.org).

2. The Program Selection page allows AHEs to select the programs the customer wishes to apply for. The Healthcare Benefits program will always be pre-selected and protected. Keep in mind that you are only <u>required</u> to assist with the full Medicaid application.

3. The Privacy Practice is where the patient can assert that they trust you to help them with their Medicaid Application and that the information they divulge will be confidential. You must read each line to the patient or allow the patient to see the screen to read it themselves.
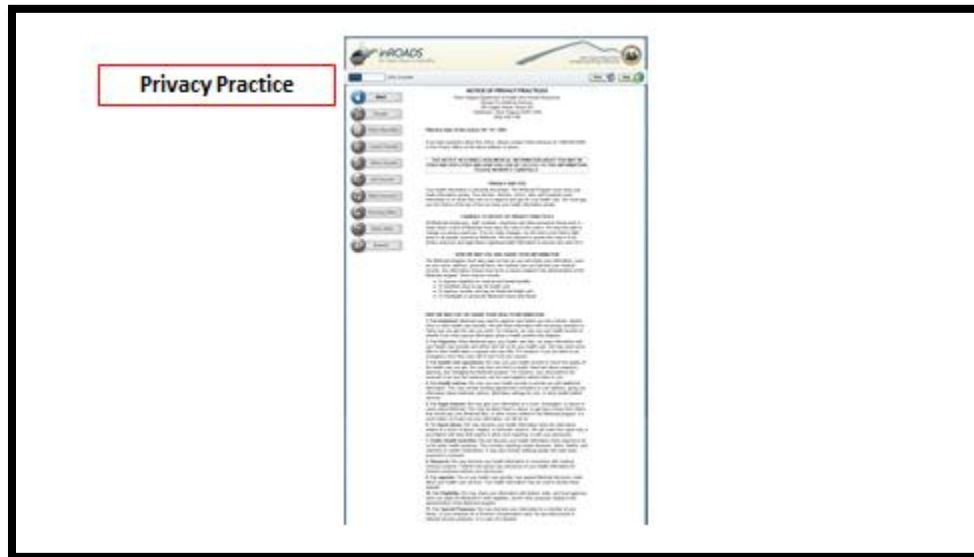
4. You must read the information on each screen to the patient and walk them through the process. You can see that under Responsible Persons, you will need to select who is answering the questions in the Medicaid application. For this section, you should be referring to the person that will be answering the questions.

After you have filled out these sections, select "Next."

5. If the person answering these questions is an authorized representative, please enter that person's contact information here and select "Next."

6. This page is where an authorized representative will be entering their information.

7. On the next page, you can ask the patient if they have a friend or relative that can be contacted by phone. This page is entirely optional, if the patient does not wish to provide an additional phone contact, you may skip this page by selecting "Next." This page will only be displayed if they indicate that they have contact information to provide on the Application Details page.

8. This is the registration page where you will be inputting much of the patient's contact information. Select "Next" when the page is complete.

9. This page is a review page of all the information that you have entered into the system so far. When you arrive at this page, you can ask the patient if they would like to change any of the answers to the questions they were just asked or if they would like to move on to the next step. If they are prepared to move on, you may select "Next" to go to the next page.

10. This page is all about other household members and individuals who are not part of the household but are on the patient's tax return. To add more than one other person, select "Yes" under the "Add Another Individual" section until everyone the patient needs to add has been included.

If the patient does not have any other people to add, scroll to the bottom of the screen and select "No" under the "Add Another Individual" section.

Please note that this page will also ask the patient if they have had PE in the past 90 days. If the patient has had PE in that time, they will enter their PE ID which they will have from their eligibility print-out. This allows the system to tie the patient's PE determination to their Medicaid Application.

11. This page will verify if the patient or if any of the other household members are pregnant. Any additional household members you may have added from the page before will be populated on this page and you can select any that may be pregnant and select "Next" when you are finished.

12. This page deals with household relationships. You will go through each household member and enter how they are related to the patient that is applying for Medicaid. If you indicated that one of the household members (or the patient) was pregnant, you can enter more information about that pregnancy on this page. Note that this pregnancy information is not required, however, so while you should ask the patient, they are not required to provide a response.

Select "Next" to continue.

13. The purpose of this page is to gather some additional information about the people in the patient's home. After you have asked the questions about whether anyone in the patient's home is blind, disabled, or a member of foster care, you can select "Next."

14. School Enrollment questions will be asked for each individual in the household. These questions are optional and can be skipped by clicking "Next".

15. Now you will be able to review all of the household members' information you just put in for the patient. If the patient would like to change any information or add any other household members, you can do that on this page. Once complete, select "Next."

16. Next, you will ask the patient if anyone plans to file a federal income tax return next year. It is important to reassure the patient that they can still apply for insurance even if they do not file a federal income tax return. However, you will select any that apply on this page and then select "Next."

17. Here you will be gathering details around the patient's tax filing. If the patient indicated that they will not be filing a federal income tax this year, the system will not present this page to be filled out.

18. Here is a summary of the tax information. This page gives the patient an opportunity to change their answers. Once the patient has agreed the answers are accurate and would like to move on, you may click "Next."

19. This page asks questions about the insurance coverage that the people in the patient's home may have. If they do not have insurance coverage, you can select "no one."

20. If the patient indicated that one or more members of their household had healthcare coverage, this page will ask some follow up questions. Once this page is complete, select "Next" to move on.

21. Here you will gather some more information about the type of coverage the household member with health coverage has.

22. If the patient indicated that a household member has lost their health insurance in the past 90 days, this page will ask for some more information about the circumstances surrounding the loss of the insurance.

23. The purpose of this page is to give the patient the opportunity to change any of the answers they have given in the past section. If the patient confirms that they are ready to move on, select "Next" to proceed to the next section.

24. This section is about the job income of the patient and the household members who have jobs or are self-employed.

25. If the patient indicated that they or a member of their household had a job, this page will ask for some details about their job. Note that if the person has multiple jobs, you may select "Yes" under the "Add Another" section at the bottom of the screen. Once this page is complete, select "Next".

26. If the patient indicated self-employment on the previous page, you will need to ask the patient the type of self-employment. You do not need to read all the options, just ask the patient what type of work they are in and choose the most relevant option. If you don't see any options that match what the patient is describing, you can select "Other" and type in an explanation.

27. Here the patient will be able to explain in more detail about their self-employment status including income and business expense information. You can also select "yes" under "Add Another" if the patient has more than one self-employment position.

28. As with the previous sections, the patient has the opportunity to review and change any of the answers they gave in the job income section of the application. Once the patient indicates that they are ready to move on, you may select "Next."

29. This section is about other types of income the patient or the people in the patient's household might have other than a job or self-employment. If the patient is unsure about what counts as "other income," you can select "Help" in the top right hand corner to explain further.

Once the patient has answered these two questions this page is complete.

30. Similar to the self-employment question, select the option that is closest to the patient's description. You should note, however, that this page does not offer an "other" option. If the patient is describing something else, the application does not consider it a valid income type.

31. Depending on what type of income type you selected on the previous page, the system will ask some additional questions here. You can add another type of income if the patient has more than one by selecting "yes" under Add Another.

32. On the Income Summary page, the patient will be able to change any of the answers that they have given in this section. Once the patient has indicated they are ready to move on, you can select "Next".

33. Here you will be asking the patient questions about the bills that they pay.

34. The more deductions that the patient can identify in their household, the lower the cost of their health coverage can be. It is your job to help the patient correctly identify their deductions for the purpose of this application.

35. If you indicate that the patient is enrolled in school, the system will ask about the patient's student loan payments. If the patient makes any other student loan payments, you may select "yes" under "Add Another".

36. This is the "Other Bills" Summary page where the patient again has the opportunity to make changes to the answers they gave in this section.

37. After the Other Bills Summary screen, WV inROADS will determine whether individuals in the household are eligible for Medicaid. If any individual in the household is found ineligible for Medicaid, the system will need to ask a few more questions in order to see if the individual qualifies for insurance subsidies. Note that the answers to these questions will not impact the result of any benefit programs.

38. Here are two questions regarding the patient's yearly income. Once the patient has estimated their answers to the best of their ability, you may select "Next."

39. If the patient indicates that someone on the application is offered health coverage from a job, this page will ask some follow up questions about the offered coverage.

40. If the patient indicates that someone on the application is an American Indian or an Alaskan Native, the patient or authorized representative can answer these questions to qualify for subsidies.

41. Just like all the other sections, the patient will have the opportunity to review and confirm the answers they gave to the additional questions from the Federally Facilitated Marketplace. Once they have confirmed, you can select "Next."

42. This is the final page of the application that includes an electronic signature of the patient that indicates two things:

    1. That the information given has been true and correct and that they accept the responsibilities

    2. That all statements have been read by the patient or read to the patient and that the patient understands the questions

    Note: The Rights and Responsibilities section will populate with the Rights and Responsibilities of the program(s) for which the household is applying.

    Once this page is complete, you can select "Submit"!

43. You should give the patient the tracking number for their application shown in the first box and offer to print them a copy of their application located in the third section of this page. Once all of the patient's questions have been answered and they have their application tracking number, you may select "Exit" and end the process with the patient.

This concludes the process of the full Medicaid application in WV inROADS after a patient has been determined eligible for HBPE.

Explain to the patient that his/her application has been submitted to their local DHHR office and that they will receive information via mail regarding their Medicaid application. If they are not eligible for Medicaid, their information will be sent to the Federally Facilitated Marketplace who will contact them.

5   Performance Measures

BMS will be tracking each hospital's performance as dictated by the following measurements:

1. 75% of patients who have been approved for HBPE have followed up and filled out the full Medicaid application prior to their designated case expiration date.

2. 50% of patients found eligible for HBPE and who have completed the full Medicaid application were found eligible for full Medicaid benefits.

BMS will deliver performance reports to participating hospitals on a quarterly basis. These reports will provide data at the hospital level and at the individual AHE level. These reports will allow the Bureau and the hospital to evaluate whether performance issues are hospital-wide or specific to an individual AHE.

6   Corrective Action

If a hospital has missed their performance standards, they will have the opportunity to re-train and make a good faith effort to improve their performance. In addition, the hospitals will have one full quarter to recover their performance. For example, if a hospital underperformed in Quarter 1, they would see that information on their Quarter 2 report. They would re-train their AHEs in Quarter 2 and be reevaluated. If the AHE or team is still underperforming in the same area in Quarter 3, they may be removed from the HBPE program for a minimum of six months. However, if the AHE or team meets the performance standard in the problem area identified in Quarter 1 but fails to meet the performance standard in another area, they will repeat the re-training process for the new issue and go on to be evaluated for the new issue.
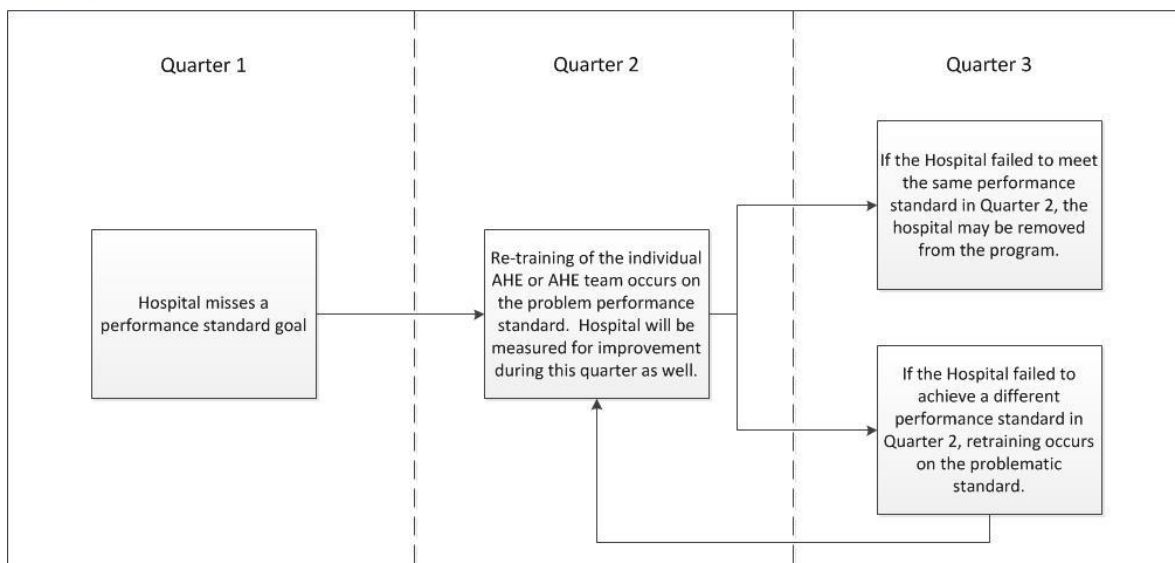
When the hospital receives its quarterly report from BMS, it will need to review it and communicate to BMS any of the following reasons why the first performance measure was not met. A few example reasons that could justify an adjustment to your score are below:

- Patient died before completed full application
- Patient moved out of state before completing full application, etc.

However, the following cannot be included in your hospital's justifications:

- Patient did not answer phone
- Patient did not return voicemails, etc.

Please note that all information included in this training is subject to change. Continue to check BMS' website; if and when we change any procedures, there will be an alert posted.

7 Test

1. Which groups of individuals who reside in WV may be eligible for PE?

    a. Children under Age 19

    b. Pregnant Women

    c. Individuals aged 19 to 64

    d. Former West Virginia Foster Care Children under age 26

    e. Certain Individuals Needing Treatment for Breast or Cervical Cancer

    f. Incarcerated Individuals With Hospital Stays Exceeding 24 Hours

    g. All of the above

2. You are required to assist PE patients with their full Medicaid applications.

    a. True

    b. False

3. Can I log in with another AHE's username and password to help them complete their patient applications?

    a. Yes, I can log in with their information anytime

    b. Yes, I can log in with their information, but only if I have express permission from them to do so

    c. No, but I can help them with their case load by using the WV inROADS dashboard to search for their patient and working the case through my account

    d. No, it is never acceptable to help with their cases

4. The same patient who was denied PE last week is trying to apply again using different information. What negative determination notification would you select?

    a. Your income exceeds the applicable income standard

    b. You have had a PE period previously in the past 12 months

    c. You are not a United States Citizen

    d. Administrative Denial (with a written explanation)

    e. None of these

5. If a patient is transferred to your hospital and shows you their temporary medical card, you can assist them with their full Medicaid Application.

    a. True

    b. False

6. You are speaking with a pregnant patient. After you enter her information into WV inROADS the error reading "An individual with this SSN has been approved for presumptive eligibility in the last 12 months. Please evaluate accordingly." How do you proceed?

    a. Tell the patient that she cannot be determined PE at this time due to the system alerting you that she has had it in the past 12 months

    b. Save and close the program

    c. Proceed with the PE determination because a patient can have two PE determinations in a 12 month period if one of them is pregnancy

    d. None of the above

7. BMS will be able to track hospital performance according to documented performance measures but will not be able to track individual AHE performance.

    a. True

    b. False

8. If a hospital fails to meet one of the performance measures and is able to improve their score after following the Corrective Action process, they will not be removed from the HBPE program.

    a. True

    b. False

9. What do you need to do after assisting a PE patient in completing and submitting their full Medicaid application?

    a. Help the patient apply for SNAP

    b. The process is complete

    c. Help the patient apply for Medicare

10. When is the <u>best</u> time to assist a PE patient with their full Medicaid application?

    a. Between 6 p.m. and 10 p.m.

    b. Right after completing the HBPE questionnaire in WV inROADS

    c. Two weeks after the patient visits the hospital

    d. On the patient's birthday

11. Once you have made a PE determination for a patient, what is the next step?

    a. Print either the temporary medical card or the ineligibility determination notification and give it to the patient

    b. Begin filling out their Medicaid application without giving them any printed PDFs from WV inROADS

    c. Talk to them about other healthcare programs they can apply for

    d. None of these

12. If a PE patient has received their temporary medical card but refuses or is unable to complete the full Medicaid application immediately after their PE determination, what should you do?

    a. Attempt to schedule a follow-up

    b. Explain all the ways the patient can complete their full Medicaid application

    c. Fill out as much of the Medicaid application for the patient as possible without the patient's consent

    d. A and B

    e. A and C

    f. All of the above

13. If a patient indicates that they are currently receiving treatment for breast or cervical cancer, what is the <u>next step</u> after the patient has received their PE determination?

    a. Assist the patient in completing their full Medicaid application

    b. The process is complete at this point

    c. Save and close the application

    d. Using the tool in the AHE's dashboard, help the patient find a convenient screening facility to them and then assist them with their full Medicaid application

    e. None of the above

14. Can an emergency room patient who is traveling in West Virginia on vacation receive hospital based presumptive eligibility?

    a. Yes

    b. No